
Senate Republican Office of Policy

# Briefing Report

## *Nursing Staff Ratios Unveiled*

January 22, 2002

Governor Davis unveiled the proposed acute hospital nurse staffing ratios January 22, although the actual regulations will not be available until late February or March. The staffing ratios generally propose to increase the number of registered nurses caring for patients in acute care hospitals. Other than the actual ratios and media opportunities, few details are available. It is estimated that the regulations will be implemented in July 2003.

Under a 1999 bill (AB 394 by Assemblymember Kuehl), the Department of Health Services is required to establish minimum nurse-to-patient ratios through the regulatory process. Previously, only intensive/critical care, well-baby nursery, neonatal ICU, intermediate care nursery and operating rooms had minimum staffing ratios.

This chart lists the ratios proposed by the Governor:

| Hospital Unit | Proposed Ratio |
|---|---|
| Trauma; *Operating Room*** | 1:1 |
| Labor and Delivery; Recovery Room (Post Anesthesia Care); Psychiatric Units; Burn Units; Emergency/Critical Care; *Intensive/Critical Care;*** *Neonatal ICU*** | 1:2 |
| Emergency Department; Pediatrics; Step-down Telemetry; *Intermediate Care Nursery*** | 1:4 |
| Specialty Care Units (Oncology), Telemetry Units. | 1:5 |
| Medical/surgical (general hospital) units; Mixed units | 1:6 (to be phased in to 1:5) |
| *Well-Baby Nursery*** | 1:8 |

**Current statute and/or regulation already provide for this ratio; the Governor's proposal did not change them.

## Questions, Not Answers

The proposed ratios pose more questions than answers about implementation details.

- Will the charge nurse be counted in the ratio?
- How will lunch breaks be counted in the ratio?
- Will Licensed Vocational Nurses (LVNs) be counted in the ratio?
- How will admissions from the Emergency Department or the Operating Room be counted in the ratio?
- Will patient admissions be delayed because of the ratio?
- Will patients have to wait longer for surgery because the proper number of RNs are available on the medical/surgical unit after surgery?
- Will more hospitals close their Emergency Departments to prevent sick patients needing admission from seeking medical care there when there are no more RNs to staff the hospital units?

But the most important question the proposal raises is: where will the additional 5,000 nurses the administration estimates will be needed to staff at this level come from? On January 24, Governor Davis pledged $60 million to train 5,100 nurses over three years. Current estimates show a deficit of 26,068 RNs in California between 1996 and 2006. These staffing ratios will increase the deficit in nurses to 31,068 in the next 4 years. California schools graduate approximately 5,000 new RNs per year. It is unlikely that even increasing the slots in nursing schools will produce the number of RNs needed by the July 2003 implementation date of the new staffing regulations.

## Increased Costs, No Flexibility

Staffing ratios will increase the cost of health care and significantly increase the demand for additional registered nurses in California. The administration did not provide a cost analysis of the new staffing ratios, but did admit that health care payers will pay the increased cost of health care. Almost every hospital in California faces financial constraints exacerbated by using precious resources on recruitment and retention on unfilled RN positions.

Nursing staff ratios do not allow flexibility to meet the individual needs of patients or hospital units. If the ratio is 1:6, and there are 3 RNs and 18 patients on the unit, if one more patient needs admission to that unit, then it is possible that the patient will wait in the Emergency Department or a physician's office until another nurse call is called in. How will that patient's care improve if delays in admission are caused by a rigid staffing ratio?